


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90033 025 ***150.00

DOCUMENT # L04000066290		
1. Entity Name QUALITY BOOKKEEPERS, LLC		

Principal Place of Business 7809 SW 49TH PL GAINESVILLE, FL 32608	Mailing Address 7809 SW 49TH PL GAINESVILLE, FL 32608
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2. Principal Place of Business - No P.O. Box # 1203 NW 120th way	3. Mailing Address 1203 NW 120th way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gainesville FL	City & State Gainesville FL
Zip 32606	Zip 32606
Country USA	Country USA



01092007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent MERRILL, SUSAN 7809 SW 49TH PL GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Deena Romer Street Address (P.O. Box Number is Not Acceptable) 1203 NW 120th way City Gainesville FL Zip Code 32606	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Deena Romer DATE 1/9/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MERRILL, SUSAN 7809 SW 49TH PK GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROMER, DEENA 1203 NW 120 WAY GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Deena Romer DATE 1/9/07 DAYTIME PHONE # 352-228-1109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE